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**\*BIBDATASHEET\*****CONFIRMATION NO. 9615**

Bib Data Sheet

SERIAL NUMBER 10/068,398	FILING DATE 02/04/2002  RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 014058-016300US
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**APPLICANTS**

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\*\* 07/08/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MT	SHEETS DRAWING	TOTAL CLAIMS 6463	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature <i>deluxe</i> Initials <i>deluxe</i>				

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**TITLE**

Prophylactic and therapeutic treatment of infectious and other diseases with immunoeffector compounds

FILING FEE  RECEIVED 1746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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